

**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

Christopher Charles Alexander Clack CDC#F-98816

## DEFENDANT

Deputy Latimer #3275

**FILED**

## COURT CASE NUMBER

08cv624-IEG(RBB)

TYPE OF PROCESS  
Summons

## SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Deputy Latimer #3275, San Diego County Sheriff's Department

## AT

SOUTHERN DISTRICT OF CALIFORNIA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1173 Front Street  
San Diego, CA 92101BY *Rn*

DEPUTY

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Christopher C.A. Clack  
F-98816, MI-01-059L  
P.O. Box 5005 5008  
San Diego, CA  
Calipatria, CA 92233

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

## SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FoldU.S. MARSHAL  
SOUTHERN DISTRICT  
CALIFORNIA

2008 JUL 1 AM 10:45

Fold**RECEIVED**

## Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF  
 DEFENDANT
TELEPHONE NUMBER  
N / ADATE  
06/24/08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process  
1District of Origin  
No. 08District to serve  
No. 08

Signature of Authorized USMS Deputy or Clerk

Date

7/1/08

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Deputy Latimer SD county Sheriff's Department*
 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 7-9-08	Time 9:25 pm
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Signature of U.S. Marshal or Deputy  
*[Signature]*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: